

## **Application Data Sheet**

### **Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Title:: METHODS FOR CREATING A COMPOUND  
LIBRARY

Attorney Docket Number:: 6283NCP2

Total Drawing Sheets:: 17

Small Entity?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Brian

Middle Name:: J.

Family Name:: Stockman

Name Suffix::

City of Residence:: Kalamazoo

State or Province of Residence:: Michigan

Country of Residence:: USA

Street of Mailing Address:: 2140 Waite Avenue

City of Mailing Address:: Kalamazoo

State or Province of Mailing Address:: Michigan

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 49008

1004449 5734400

TOP SECRET 67244001

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Kathleen  
Middle Name:: A.  
Family Name:: Farley  
Name Suffix::  
City of Residence:: Otsego  
State or Province of Residence:: Michigan  
Country of Residence:: USA  
Street of Mailing Address:: 1715 114<sup>th</sup> Avenue  
City of Mailing Address:: Otsego  
State or Province of Mailing Address:: Michigan  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 49078

### **Correspondence Information**

Correspondence Customer Number:: 26813

Name Line One:: Mueting, Raasch & Gebhart, P.A.  
Street of Mailing Address:: 203 Textile Building  
119 North Fourth Street  
City of Mailing Address:: Minneapolis  
State or Province of Mailing Address:: Minnesota  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 55401

Phone Number:: (612) 305-1220  
Fax Number:: (612) 305-1228

**Representative Information**

Representative Customer Number::	26813	
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part of	09/677,107	09/29/00
	Non Provisional of	60/192,685	03/28/00
	Provisional of	60/161,682	10/26/99
	Provisional of	60/156,818	09/29/99

**Assignee Information**

Assignee Name:: Pharmacia & Upjohn  
Street of Mailing Address:: 301 Henrietta Street  
City of Mailing Address:: Kalamazoo  
State or Province of Mailing Address:: Michigan  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 49001

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